

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

MedImmune Affairs, Inc. Employee Political Awareness Committee (MedImmune PAC)

ADDRESS (number and street)

One MedImmune Way

☐ (Check if address is changed)

Gaithersburg

MD

20878

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)

rosenb@medimmune.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)2. DATE 

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	9

3. FEC IDENTIFICATION NUMBER

C C00399725

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Brian RosenSignature of Treasurer Electronically Filed by Brian Rosen

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)